

Quality Council Report - Second Draft: Compendium of Public Comments Received as of 1 p.m. Wednesday, June 1, 2016

Comment	Response
<p>Primarily, the statement on the top of page 5 that "The advent of quality measurement is generally acknowledged as having improved healthcare and health outcomes in the U.S." is not supported by the 3 citations. The Nielsen piece best gets to your assertion as it is a report on the PCMH literature in the past 2 years – it discusses the literature and does allude to quality in some respect, but its main emphasis is on cost. Similarly, the Zucherman paper is mostly about reductions in readmissions leading to cost savings due to hospital incentives; the Goldsmith opinion piece is non-supportive of ACOs saying that those that did show cost savings were already high performers and that more than half of the Pioneer ACOs dropped out of the program, so if anything the authors would not support your position. May I suggest that your sentence be more qualified – that 'there is evidence to suggest' then just cite the Nielsen piece. Otherwise, if you make such a strong assertion, you are going to need stronger literature than what you have here. And yes, there is literature that suggests the opposite, but the qualified sentence would be more defensible.</p>	<p>Recommendation will be addressed in the report. Two of the citations have been eliminated and a new citation has been added.</p>
<p>I believe measure #28 is an NCQA measure (#2800) and not a custom measure.</p>	<p>Recommendation will be addressed in the report</p>
<p>On page 13, you have an assertion (italicized below) without a citation in between 2 other statements with citations: amputations. [1] These statistics reflect in part a failure of the healthcare system to provider effective care, but they also reflect a source of unnecessary costs. The cost of health disparities for the Black population in Connecticut is estimated between \$550 million and \$650 million a year. [2] You need a citation following "effective care" or to qualify the statement a bit more.</p>	<p>Recommendation will be addressed in the report</p>
<p>On page 45 or 46 where you discuss the CQMC, I would mention that the group that designed this set has not yet addressed pediatric measures. I think it is also fair to say that the group who developed the measures did not include Medicaid input other than that of Medicaid MCOs.</p>	<p>Recommendation will be addressed in the report</p>
<p>P. 6 References in the report to "whether" health plans or Medicaid would utilize recommended quality measures needs to be revised to "the extent to which." This wording also needs to be revised on pages 56 and 58</p>	<p>Flagged for discussion at council meeting.</p>
<p>P. 8 Concerns have been raised by Health Equity Design Group members that description of recommendations may not be accurate. Could revised language be run by the HEDG prior to approval?</p>	<p>Flagged for discussion at council meeting</p>
<p>P.10 Delete the phrase "as a reference" from second paragraph</p>	<p>Recommendation will be addressed in the report</p>
<p>P. 10 Remove statement that Quality Council has recommended to the HIT Council that SIM funds be used to establish a state utility to support the production of EHR measures on behalf of all payers."</p>	<p>Flagged for discussion at council meeting.</p>

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P. 11 Language needs to be restored referring to empowering individuals to actively participate in the healthcare and improve care experience.	Recommendation will be addressed in the report
P. 19 Remove statement that “State has already begun to work on methods to produce measures that require the collection of” Recommend replacing this statement with “Efforts continue to address the challenges of how best to produce measures that require the collection of clinical data”	Flagged for discussion at council meeting
P. 21 Why are “specific entities” removed from this section of the report?	Flagged for discussion at council meeting
P. 22 Why was description of presentations made to Quality Council removed from report?	Flagged for discussion at council meeting
P. 32 Add language noting that Prenatal Postpartum measure was restored in recognition of the importance of promoting quality care to pregnant women and infants.	Recommendation will be addressed in the report
P. 32 Why were provider considerations removed from this section?	Flagged for discussion at council meeting
P. 38 Health Equity Design Group Recommendations should be included in their entirety in the Appendix.	Recommendation will be addressed in the report
P. 42 Language needs to be added noting that the National Core Quality Measures Collaborative recommended measures for HIV and Hepatitis C need to be considered.	Flagged for discussion at council meeting
P. 43 Revise last sentence referring to Oral health. “The Council gave serious consideration to the value of encouraging access to oral health preventive care. However, challenges due to lack of access to dental claims data, the recommendation for an annual visit measure is currently limited to Medicaid.”	Recommendation will be addressed in the report
P. 56 Revise language stating that payer support of clinical quality measures “may depend in part on the state’s ability to establish a technology solution and shared utility for measure production, “to “may depend in part on the development of solutions to the technical challenges involved.”	Flagged for discussion at council meeting
P. 57 Remove language “the PMO acknowledges that measure customization may reduce alignment”	Flagged for discussion at council meeting
P. 58 Have private and public payers agreed to participate in implementing Care Experience Design Group Recommendations?	Flagged for discussion at council meeting
P.60 There needs to be an explicit reference that patient race/ethnicity (and language and disability and other demographic characteristics) will be core data elements being extracted from the EHRs by the proposed state utility.	Flagged for discussion at council meeting

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P.61 Language stating that utilization of clinical measures is dependent on development of a state utility needs to be revised to read that “Efforts continue to address the challenges of how best to produce measures that require the collection of clinical data”

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